



# WASHINGTON COUNTY HEALTH DEPARTMENT

1302 Pennsylvania Avenue • Hagerstown, MD 21742

www.washhealth.org

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## APPLICATION FOR SANITARY SURVEY

Application Date: \_\_\_\_\_ County: \_\_\_\_\_

### PLACEMENT AGENCY INFORMATION:

NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
FAX #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
AGENCY CONTACT (Social Worker): \_\_\_\_\_

### FACILITY TO BE SURVEYED INFORMATION:

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

NUMBER CURRENTLY RESIDING IN HOME: \_\_\_\_\_ Adults \_\_\_\_\_ Children  
NUMBER OF CLIENTS REQUESTED: \_\_\_\_\_ Adults \_\_\_\_\_ Children

WATER SUPPLY: Public \_\_\_\_\_ Private \_\_\_\_\_ **(\$25.00 FEE)**  
If Private – Is there any treatment on the well? \_\_\_\_\_  
If Yes – What type of treatment? \_\_\_\_\_

SEWAGE DISPOSAL: Public \_\_\_\_\_ Private \_\_\_\_\_ **(\$20.00 FEE)**  
If Private – Approximate year septic was installed (if known) \_\_\_\_\_  
Owner of property at time of installation (if known) \_\_\_\_\_

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### TO BE COMPLETED BY HEALTH FACILITY:

\_\_\_\_\_ APPROVED \_\_\_\_\_ DISAPPROVED

COMMENTS: \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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### OFFICE USE ONLY

RECEIPT #: \_\_\_\_\_ DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

ENVIRONMENTAL HEALTH  
13332 Pennsylvania Avenue  
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